



**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF PUBLIC HEALTH
HEALTH SYSTEMS PROTECTION
OFFICE OF PLAN REVIEW AND PERMITTING
PO Box 637, Dover, DE 19903-0637

APPLICATION FOR PERMIT TO OPERATE A BODY ART ESTABLISHMENT

SECTION A: IDENTIFICATION – Please print legibly in all blocks below, except where signature is required.

1. NAME AND LOCATION OF BODY ART ESTABLISHMENT (Enter Street Address. Do Not Use P.O. Box Numbers)

TEL NO. OF ESTABLISHMENT: _____ -- _____ -- _____ FAX NO. _____ -- _____ -- _____

2. NAME AND PERMANENT MAILING ADDRESS OF APPLICANT 3. SEASONAL/TEMPORARY ADDRESS (IF APPLICABLE)

TEL NO. _____ -- _____ -- _____

TEL NO. _____ -- _____ -- _____

4. MAIL CORRESPONDENCE TO (CHECK ONE): ☐ ADDRESS SHOWN IN **BLOCK #A1** ☐ ADDRESS SHOWN IN **BLOCK #A2**

SECTION B: TYPE OF ESTABLISHMENT ☐ **NEW ESTABLISHMENT** ☐ **RENEWAL**

(CHECK ONLY ONE CLASSIFICATION BELOW)

1. ☐ **FIXED LOCATION** - PERMANENT STRUCTURE LOCATED AT ADDRESS SHOWN IN **BLOCK #A1** ABOVE.
2. ☐ **MOBILE UNIT** - (SPECIFY ADDRESS WHERE UNIT IS MAINTAINED _____)

♦ IF THIS IS A CHANGE OF OWNERSHIP, INDICATE THE PREVIOUS ESTABLISHMENT NAME AND BUSINESS ID, IF KNOWN.
PREVIOUS NAME: _____ PREVIOUS BUSINESS ID: _____

TYPE OF PERMIT REQUESTED (CHECK ONLY ONE CLASSIFICATION BELOW)

1. ☐ **PERMANENT** - PROVIDES FULL SERVICES. ANNUAL RENEWAL IS REQUIRED. PERMIT FEE IS \$100.00.
2. ☐ **RESTRICTED** - PROVIDES LIMITED SERVICES. ANNUAL RENEWAL IS REQUIRED. PERMIT FEE IS \$100.00.
3. ☐ **TEMPORARY** - VALID FOR A PERIOD NOT TO EXCEED 14 CONSECUTIVE DAYS. NO FEE IS CHARGED.

TYPE OF BUSINESS ENTITY (CHECK ONLY ONE CLASSIFICATION BELOW)

1. ☐ **INDIVIDUAL** 2. ☐ **PARTNERSHIP** (NAME: _____)
3. ☐ **ASSOCIATION** (NAME: _____) 4. ☐ **CORPORATION** (NAME: _____)
5. ☐ **OTHER ENTITY** (SPECIFY TYPE: _____)

FEES: PLAN REVIEW IS REQUIRED FOR NEW CONSTRUCTION, CONVERSION OF EXISTING STRUCTURE TO BODY ART ESTABLISHMENT USE, REMODELING, RENOVATION, OR CHANGES IN ESTABLISHMENT TYPE. NO FEE IS CHARGED.

ESTABLISHMENT PERMIT FEE IS DUE WHEN THE BODY ART ESTABLISHMENT IS INSPECTED AND APPROVED FOR OPERATION. UPON APPROVAL, AN INVOICE WILL BE SENT TO THE APPLICANT OF RECORD. THE ANNUAL PERMIT FEE OF \$100.00 IS PAYABLE TO "DIVISION OF PUBLIC HEALTH" UPON INVOICING.

SECTION C: CERTIFICATION STATEMENT (APPLICANT SIGNATURE IS REQUIRED BELOW. DO NOT PRINT)

I, THE UNDERSIGNED, IN APPLYING FOR A BODY ART ESTABLISHMENT PERMIT, ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I AFFIRM THAT THE ESTABLISHMENT WILL BE OPERATED IN COMPLIANCE WITH APPLICABLE "STATE OF DELAWARE REGULATIONS GOVERNING BODY ART ESTABLISHMENTS" AND WILL ALLOW AUTHORIZED REPRESENTATIVES OF THE DIVISION OF PUBLIC HEALTH ACCESS TO THE ESTABLISHMENT AND ITS RECORDS, AS MAY BE REQUIRED BY APPLICABLE REGULATIONS.

APPLICANT SIGNATURE **X** _____ DATE ____ / ____ / ____

FOR OFFICIAL USE ONLY BELOW THIS LINE

APPLICATION REVIEWED: APPROVED _____ DISAPPROVED _____ BY _____ DATE ____ / ____ / ____